## ANNUAL REPORT APPRENTICE EMBALMER

TO: THE ALABAMA BO	ARD OF FUNERAL SERVICE		
FROM:			
NAME OF AP	PRENTICE	RESIDENCE ADDRESS	
	Period covered by report:_	to	
Name and address of E	Establishment at which app	renticeship is being served:	
Establish	ment Name	Address	;
SUPERVISING EMBALM	MER:		
NAME:		LICENSE No.:	
	· ·	1975 Legislature, I report as follows: urs per week to the duties of my apprer	nticeship;
2. I have not been absent from duty, other than is provided by the Act, and have secured the required approvals			
for any extens	ions to my training period.		
3. I have been, and an now in compliance with the code of conduct prescribed by section 34-13-134.			
4. During the period covered by this report I have assisted in embalming bodies;			
5. During the per	iod covered by this report I	have participated in the vocation of Em	balming in accordance with the
prescribed trai	ining program (Application	of Section 34-13-94 at beginner levels);	
6. During the per	iod covered by this report I	have familiarized myself with the State	and Local Laws governing the
practice of Em	balming.		
I represent the above i subjects my License to		correct and realize that any false statem	ients given in this report
		+	
	(Apprentice Sign Full Name)		
	CERTIFICAT	ION BY SUPERVISNG EMBALMER	
	•	it to be true and correct. I recommend tice training program guidelines in direct	-
		+	
		(Supervising Embalm	er Sign Full Name)